

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039112

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 515

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		Length of stay in 1b 8 Days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 East College Crestview Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. CITY OR TOWN Kansas City		d. STREET ADDRESS (If outside, give location) 3057 Parkwood Blvd.	
3. NAME OF DECEASED (Type or print) First GEORGE Middle D. Last NABB		4. DATE OF DEATH Month October Day 27 Year 1962	
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/13/88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Implements International		10b. KIND OF BUSINESS OR INDUSTRY Harvestor Co.	
11. BIRTHPLACE (City and state or country) Stilwell, Kansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John M. Nabb		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Bess Marie Nabb		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. ---		17. INFORMANT Mr. John W. Nabb, 3057 Parkwood Blvd, Kansas City, Kans.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. hypertension DUE TO (b) hypertension DUE TO (c) renal curculosis		INTERVAL BETWEEN ONSET AND DEATH 48 hrs 5-60 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour --- Month, Day, Year 10/1/62 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 10/27/62	
20g. COUNTY 10/27/62		20h. STATE 10/27/62	
21. I attended the deceased from 10/1/62 to 10/27/62 and last saw him alive on 10/27/62 Death occurred at P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John W. Nabb (Degree or title)		22b. ADDRESS 227. E. College	
22c. DATE SIGNED 10/29/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Oct. 30, 1962		23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	
23d. LOCATION (City, town, or county) Ottawa		23e. STATE Kansas	
24. FUNERAL DIRECTOR 1331 Brush Creek Blvd.		25. DATE RECD. BY LOCAL REG. 10-30-62	
26. REGISTRAR'S SIGNATURE D.W. Newcomer's Sons, Kansas City, Mo		27. REGISTRAR'S SIGNATURE Alba L. Craig	

(Licensed Embalmer's Statement on Reverse Side)

18. E. C. Gable, Jr., Secretary, O. R. - 3434
227 East College, Independence, Mo.
12.00-5.00

10-30-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address RG Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.